

State your disability: _____

What are the functional limitations of your disability? _____

Medications which you are currently taking: _____

Are you requesting temporary or permanent assistance? _____

Are you a VR client? _____

List assistive technology used previously: _____

Completion of this application does not ensure accommodations. Accommodations are based on review of documentation specific for each disability and its impact and functional limitations.

Signature _____ **Date** _____

Please send the application and required materials to:
The University of Tennessee at Chattanooga
Office for Students with Disabilities
Dept 2953
615 McCallie Avenue
Chattanooga, TN 37403-2598
Phone: 423/425-4006 Fax: 423/425-2288

Confidentiality Statement: Documentation relating to students with disabilities will be regarded with the highest confidentiality and is maintained by the Office for Students with Disabilities.

The University of Tennessee at Chattanooga does not discriminate on the basis of race, sex, color, religion, national origin, handicap, or veteran status in provision of educational opportunities or employment opportunities and benefits, pursuant to the requirements of Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and other applicable statutes. Inquiries and charges of violation of this policy should be directed to the Office of the Director for Affirmative Action, 104 Founders Hall, (423/425-4124). UTC supports the Americans with Disabilities Act. If you have any questions or if you require accommodations, call the Office for Students with Disabilities at 423/425-4006.
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